

Explore Your Future

February 21, 2014, 9:00AM-1:00PM, 6-12 grades

Sponsored by KY Statewide Educational Resource Center on Deafness, and
KY Division of Behavioral Health, Deaf and Hard of Hearing Services

Registration Form

All who attend must complete a registration form, including bus drivers, parents, etc. All students must be accompanied by school staff or parents. This will help us organize our sessions; and, it will insure that we have enough lunches for everyone. Please photocopy this form as needed **PER**

INDIVIDUAL.

Participant is a: (Please Circle One)

Student Teacher Parent Peer Student Interpreter

Bus Driver Paraprofessional Other: _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____

School District/Agency: _____

**** If a STUDENT, also complete the following information:

School: _____ Age: _____ Grade: _____

Name of Teacher of the Deaf/ Hard of Hearing: _____

Communication Mode (circle): ASL Oral only Signed English Sign & Speak

Does the Student Wear (circle): Cochlear implant (1 or 2) hearing aids (1 or 2) Neither

Food Allergy (specify): _____

Other Necessary Accommodations: _____

In case of emergency, contact: _____ Telephone: _____

By signing this registration form, the guardian grants KSD, Statewide Educational Resource Center on Deafness, GRREC Educational Cooperative, and Nolin Center the right to photograph student for purposes of promotion/community awareness.

Signature of parent or guardian _____

Date _____

Return this completed form **Feb 7, 2014** to:
Meena Mann (meena.mann@ksd.kyschools.us)
GRREC
230 Technology Way, Bowling Green, KY 42101
Fax: 270-563-2208